

Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: Entity Name:								
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non- Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 Matthew Kempton	X		17,791		0	0	2,187	19,979
2 Carole Halsan	X		204,697		0	0	5,825	210,522
3 Bobbi Halberg			159,399		5,178	9,829	20,098	194,503
4 Torrie Matlock			140,034		946	8,449	16,349	165,778
5 Ronald Ashley			150,325		4,494	9,274	10,722	174,816
6 Marvine Makaiwi			125,291		341	5,575	10,072	141,279
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Community Health Systems/Hospital Financial and Charity Care Section

MS: 47853

Olympia, WA 98504-7853

email: hos@doh.wa.gov